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VA HIV REPORT

Department of Veterans Affairs

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Note from the Program Office: Early Diagnosis of HIV Infection

Since 1998, the annual number of new HIV cases in the United States has remained steady, with approximately 40,000 new cases each year. Despite these relatively stable numbers, increases in the incidence of HIV among African Americans and Hispanics, as well as recent increases in HIV risk behaviors and sexually transmitted diseases among young men who have sex with men, are cause for alarm. Of the 850,000 to 900,000 persons living with HIV in the U.S., it is estimated that approximately 25% are not aware they are HIV positive.

Early detection plays a critical role in HIV prevention by helping individuals with HIV to get treatment and to adopt safer sexual and drug use behaviors, thereby reducing the risk that they will transmit HIV to others. Research indicates that after learning they are HIV positive, most individuals change their sexual behaviors to decrease the risk to their sexual partners.

As the Nation's largest provider of care for those with and at risk for HIV, what can we do in VA to increase early detection of HIV infection in our patients? Some measures that we can take include taking a careful sexual and drug use history to assess risk for HIV. Screening for HIV risk factors and talking about the benefits of HIV testing should be a routine part of care for every veteran with diagnoses of hepatitis C or B, sexually transmitted diseases, and/or a history of substance abuse. Screening for HIV should also be a routine part of care for any female veteran who is planning to start a family in order to prevent perinatal transmission. Early detection of HIV is a priority for the Public Health Strategic Health Care Group. We look forward to working with you to increase early detection and prevention of HIV for veterans.

Kim Hamlett-Berry, PhD
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Inside:

VA Supports National HIV Testing Day – June 27th

In 1995, the National Association of People with AIDS (NAPWA) launched National HIV Testing Day on June 27th as a way to reach millions of those at risk with a simple message: "Take the Test, Take Control." The Public Health Strategic Health Care Group (PHSHG) is pleased to support this effort and encourages participation throughout all levels of the Veterans Health Administration. Events to support National HIV Testing Day can range from lobby displays and educational programs to offering special HIV testing clinics. Activities may be offered on the 27th or days preceding or after National HIV Testing Day.

On the PHSHG web site (http://www.publichealth.va.gov/testday/toc.htm), you can access ideas for facility activities, marketing, and funding and support. A VA HIV/AIDS Programs Fact Sheet is also available that provides background information about HIV/AIDS within VA. Additional links lead to the NAPWA National HIV Testing Day Web site, the NAPWA home page, HIV Testing in the United States from the Kaiser Family Foundation, and other HIV information.

Pilot Programs for Rapid HIV Tests in VA Facilities

The introduction and FDA approval of several HIV tests that offer results in as little as 20 minutes mark an important advance in making HIV testing more available. Many experts have suggested that these tests may be particularly useful for individuals or groups who are unlikely to use traditional clinic- or hospital-based testing programs.

Several VA facilities have been piloting the use of these tests over the past 6 months. "The patients have loved the rapid testing process," reports Elizabeth Graham, RN, MSN, in Tucson. "They know the results 'right now' which makes a big difference to them emotionally." Ms. Graham reports that she has had three patients who tested positive, including one homeless veteran. "It would have been a nightmare to find him, but this way we could talk, schedule more testing, and set him up for clinic all in the same day."

Anthony Piland, PA-C, (pictured above) at VA Connecticut found the rapid tests particularly valuable in evaluating source patients after needle-stick injuries to health care workers. "The Employee Health Department found this to be an invaluable tool in guiding treatment for the employee," he said. Barbara Klaus, Nurse Practitioner in Denver, used the rapid tests at a Stand Down, and said the testing was "easy and well received by those who took the test. The planners are saying they'd like me to come

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Reports from the Immunology Case Registry

National Trends in Antiretroviral (ARV) Drug Use

	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	Q1Q2 FY 2004
Number of patients on any ARV nationally									
Any ARV	9598	11923	12795	13521	13990	14463	14800	14978	14002
Number of patients on each class of ARV									
Any nRTI	9523	11874	12686	13406	13847	14288	14628	14831	13811
Any nnRTI	19	1024	2695	5073	6469	6925	7118	7451	6647
Any PI	2608	8020	10372	10667	9981	9500	9054	8482	7745
Number of patients on each ARV									
Abacavir			1	1340	2157	2396	2314	2262	1844
Abacavir/lamivudine/zidovudine						556	1467	1803	1463
Amprenavir				447	1033	1038	773	559	345
Atazanavir								331	1186
Delavirdine	1	166	481	302	180	166	150	129	93
Didanosine	1928	2237	2648	2922	2696	2732	2775	2648	2134
Efavirenz			43	2800	4114	4530	4748	5171	4644
Emtricitibine								18	101
Enfuvirtide								135	200
Indinavir	1776	6035	5532	4459	3813	3171	2461	1798	1242
Lamivudine	6507	10800	10081	7090	6286	5924	5817	5944	5234
Lamivudine/zidovudine			3421	5251	5946	6104	5712	5298	4702
Lopinavir/ritonavir					6	1660	2798	3581	3312
Nelfinavir		1893	4819	5456	4635	3890	3264	2611	1840
Nevirapine	18	888	2291	2547	2525	2508	2468	2398	2031
Ritonavir	287	879	1692	1811	2519	2442	1846	1571	1696
Saquinavir	985	1840	2439	2259	1852	1284	931	840	600
Stavudine	2654	5995	7171	7383	7211	7044	6354	5136	3682
Tenofovir							1809	4128	4452
Zalcitabine	1478	876	567	377	240	155	106	83	59
Zidovudine	6891	7998	5328	1842	1075	843	742	706	554

Data source: Immunology Case Registry, data through March 31, 2004. Antiretrovirals received as part of a research study and those labeled as investigational drugs are not included.

Inpatient Care

	FY 2003	Q1Q2 FY 2004
Inpatient discharges	8684	4925
Patients with inpatient discharges	4597	3018
Mean length of stay (LOS) in days	15.7	14.6
Median LOS	6	6
Discharges with LOS of the following duration:		
1 day	255	132
2-3 days	2083	1093
4-7 days	2683	1601
8-14 days	1809	1059
more than 14 days	1848	1040

LOS (length of stay) = discharge date minus admit date + 1.
Other sources of VA data may calculate LOS differently.
LOS is calculated for all types of inpatient facilities, including acute and long term care hospitals, nursing homes and domiciliary facilties.
Data source: Immunology Case Registry, data through 3/31/04

Patients Added to ICR*

	FY 2003	Q1Q2 FY 2004
Female	43	27
Male	1912	1036
Unknown	1	5
TOTAL	**1956**	**1068**
American Indian/Alaskan native	4	1
Asian/Pacific Islander	2	7
Black (Not Hispanic)	786	425
Hispanic	122	41
Mixed race	15	1
Unknown	398	336
White (Not Hispanic)	629	257

*Those for whom the date of first transmission of a record was during the given time period
Data source: Immunology Case Registry, data through 3/31/04

Selected Immunology Case Registry Data on Demographics of Patients in Care								
	Patients in care	Sex*		Race				
	Total	Male	Female	Black (Not Hispanic)	Hispanic	White	Unknown	all other
FY 2002	20035	19530	502	9501	1486	7061	1152	835
FY 2003	20111	19617	491	9294	1463	7094	1433	827
Q1Q2 FY 2004	18653	18192	458	8556	1337	6613	1385	762

*3 patients in FY02, FY03, and FY04 were designated unknown or both male and female.

Source of data: Immunology Case Registry, data through March 31, 2004

Selected Immunology Case Registry Data by VISN							
VISN#	VISN Name	Patients in care		Deaths		All CD4 < 200*	
		FY2003	Q1Q2 FY 2004	FY 2003	Q1Q2 FY 2004	FY 2003	Q1Q2 FY 2004
1	New England Healthcare System	546	492	34	12	107	87
2	Healthcare Network Upstate New York	260	226	13	5	48	34
3	NY/NJ Veterans Healthcare Network	2053	1790	116	62	399	331
4	Stars & Stripes Heathcare Network	903	807	55	23	198	174
5	Capitol Health Care Network	1418	1291	70	44	277	264
6	Mid-Atlantic Health Care Network	1180	1099	67	43	293	259
7	Atlanta Network	1903	1769	94	52	384	333
8	Sunshine Healthcare Network	2565	2370	144	81	443	402
9	Mid South Healthcare Network	562	494	44	19	144	108
10	Healthcare System of Ohio	464	413	12	10	95	95
11	Veterans in Partnership	654	613	33	20	106	79
12	Great Lakes Health Care System	709	639	35	17	150	128
15	Heartland Network	454	401	27	14	90	73
16	South Central VA Health Care Network	1805	1681	96	43	400	356
17	Heart of Texas Health Care Network	943	850	36	29	162	144
18	Southwest Health Care Network	570	526	35	23	127	100
19	Rocky Mountain Network	321	298	21	10	58	56
20	Northwest Network	558	527	31	13	102	95
21	Sierra Pacific Network	1080	941	61	25	180	163
22	Desert Pacific Healthcare Network	1804	1638	73	39	310	279
23	Midwest Health Care Network	250	227	17	4	46	48

Data source: Immunology Case Registry, data through March 31, 2004.

* Patients whose quantitative CD4 lymphocyte counts were all less than 200 cells/mm^3 during the time period

The Immunology Case Registry is VA's database of veterans infected with HIV receiving care in VA facilities. Data are collected directly from the electronic medical records of all patients entered into the registry by local facilities. For more information on the ICR, visit the Web site of the Center for Quality Management in Public Health: http://vaww.vhaco.va.gov/phshcq/cqm/TOC.htm

Pilot Programs

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back for their next Stand Down later this year." Ms. Klaus's experience was similar to that of the other sites, who also found that the impact of the rapid testing technology was greatest when it was coupled with other efforts to make testing more accessible.

Each of the three sites learned that it was imperative to work closely with Laboratory Service and their Point of Care Testing Coordinators to coordinate the training and quality assurance issues. The experiences of these pilot programs will prove invaluable to others who are interested in rapid HIV testing. For more information, contact Michael Rigsby, MD, Director of the VA National HIV/Hepatitis C Program Office (michael.rigsby@med.va.gov).

The Public Health Strategic Health Care Group includes the HIV and Hepatitis C Program Office, the Center for Quality Management in Public Health, the Center for HIV Research Resources, the Public Health Prevention Program, and support services for education and training, communication, and information management. For more information about the work of the Public Health Strategic Health Care Group, visit our Web site: http://vaww.vhaco.va.gov/phshcg/ (VA Intranet) or http://www.publichealth.va.gov/ (Internet)

CQM Releases New Immunology Case Registry Software

In March, the Center for Quality Management in Public Health (CQM) in conjunction with the Austin Automation Center (AAC) and the Hines Office of Information Field Office (OIFO) released software to create a new version of the Immunology Case Registry known as the Clinical Case Registry: Immunology Case Registry (CCR:ICR). The original version of the ICR, known as ICR version 2.1, was released in 1992 largely as an administrative tool focused on utilization of health care resources. Since then, small changes have been introduced to make the ICR more clinically useful. The new software marks a complete overhaul. The new CCR:ICR still maintains local and national registries for clinical and resource tracking of patients with HIV infection. However, it also contains several major enhancements compared to the ICR version 2.1.

Highlights of the new CCR: ICR include:

- A more user-friendly graphic interface
- Automatic identification (without manual entry) of potentially HIV-infected patients based on diagnostic codes or positive HIV antibody tests
- Markedly expanded capabilities for producing more extensive local reports
- Improved data reporting to the national registry to allow for more accurate and complete VA-wide data

The key improvements in reporting capability are designed to assist in the local assessment of the care that HIV patients receive. The new reports allow local clinicians to easily identify groups of patients with specific laboratory results or pharmacy prescriptions so that interventions or monitoring can be targeted to the appropriate patients. For example, the reports allow local clinicians to identify patients on a specific medication that may require additional monitoring for side effects.

ICR version 2.1 will be maintained for the remainder of this fiscal year to ensure enough time for validation of the new CCR: ICR and consistency in VA administrative decisions that have used ICR data. By fiscal year 2005, the CCR:ICR should replace ICR version 2.1. For additional information on CCR:ICR contact Lisa Backus, MD, PhD, at lisa.backus@med.va.gov.

Policy Corner: Partner Notification

As a provider, when do I need to become involved in partner notification?

Partner notification is an important strategy in the fight against HIV, and many states have laws that encourage or mandate notification, often without the patient's consent. VA also has policies that permit partner notification in certain circumstances. VA defines a partner as "the spouse of the patient and/or an individual who has been identified by the patient as a sexual partner during the course of professional counseling or testing."

If a patient is unwilling to disclose his or her HIV infection to a partner it may be appropriate to use a Partner Counseling and Referral Service available through a local public health department to insure the patient's confidentiality. Patients should be advised that they may ask for assistance from the counselor/provider who is providing the pre-and post-test counseling in notifying their sexual partner, needle-sharing partner, or spouse about their positive HIV test result. An infected partner can only receive testing or care in VA if he or she is otherwise eligible for VA or CHAMPVA care.

There are a limited number of conditions under which VA providers may disclose a veteran's HIV infection. Disclosures may be made if the individual who was tested has provided a specific written consent (VA form 10-5345) for such disclosures. In addition, disclosure can be made to a spouse or sexual partner without the patient's consent when (1) a provider/counselor believes the patient will not provide the information to a spouse or partner and (2) a reasonable effort has been made to encourage the patient to do so, and (3) disclosure is necessary to protect the health of the spouse or sexual partner (38 U.S.C. Section 7332). Title 38 U.S.C. 4132 provides for confidentiality of VA medical records that are maintained in connection with performance of any program or activity (including education, training, treatment, rehabilitation, or research) relating to HIV infection, drug abuse, alcoholism or alcohol abuse, or sickle cell anemia. Information can only be disclosed with the patient's consent or under the limited conditions described above.

For further information on partner notification and other aspects of HIV prevention consult the VA HIV Prevention Handbook: A Guide for Clinicians online at:

Intranet: http://vaww.vhaco.va.gov/phshcg/prevention/handbook.htm
Internet: http://www.publichealth.va.gov/prevention/handbook.htm